



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C131019

1. DATE OF REPORT 2/21/2013	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE SULLIVAN FOR MAYOR	
3. COMMITTEE MAILING ADDRESS 2980 SOUTH MAPLE BLUFF DRIVE CITY / STATE / ZIP COLUMBIA MO 65203	4. COMMITTEE TELEPHONE NUMBER (573) 234-2374
5. TREASURER'S NAME INES SEGERT	
6. TREASURER'S MAILING ADDRESS 909 HICKORY HILL DRIVE CITY / STATE / ZIP COLUMBIA MO 65203	7. TREASURER'S TELEPHONE NUMBER HOME: (573) 443-5730 WORK:
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER MIKE CUSACK	
9. DEPUTY TREASURER'S MAILING ADDRESS 66 ALBANY DRIVE COLUMBIA MO 65201 CITY / STATE / ZIP	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: (573) 639-1778 WORK: (573) 639-1778
11. DATE OF ELECTION 4/2/2013	12. TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input checked="" type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 1/20/2013 THROUGH 2/16/2013	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY SID SULLIVAN 2980 SOUTH MAPLE BLUFF DRIVE COLUMBIA MO 65203 (573) 234-2374 MAYOR CITY OF COLUMBIA <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input checked="" type="checkbox"/> NON-PARTISAN	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input checked="" type="checkbox"/> OTHER 40 Day Before General Municipal Election-4/ <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Feb 21 2013 3:50PM _____ TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Feb 21 2013 3:50PM _____ CANDIDATE'S SIGNATURE



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
SULLIVAN FOR MAYOR	2/21/2013	

Receipts		A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition	
1. Total Receipts For This Election Previously Reported			\$ 0.00		
2. All Monetary Contributions Received This Period		\$ 2,570.00			
3. All Loans Received This Period		+ 3,000.00			
4. Miscellaneous Receipts This Period		+ 0.00			
5. Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)		\$ 5,570.00			
6. In-kind Contributions Received This Period		+ 200.00			
7. Total All Receipts This Period (Sum 5A + 6A)		\$ 5,770.00			
8. Total All Receipts This Election (Sum 1B + 7A)			\$ 5,770.00		
Expenditures		A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported			\$ 0.00		
10. Expenditures made by cash or check this period		\$ 2,298.97			
11. In-Kind Expenditures made this period		+ 0.00			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)		+ 0.00			
13. Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)		\$ 2,298.97			
14. Total Expenditures This Election (Sum 9B + 13A)			\$ 2,298.97		
Contributions Made		A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported			\$ 0.00		
16. All Contributions Made This Period (25A or 25B of CD3)	A	0.00	↔ Cash/Check		
	B	0.00	↔ Credit Card		
17. All In-Kind Contributions Made This Period		+ 0.00			
18. Total Contributions Made This Period (Sum 16A + 17A)		\$ 0.00			
19. Total All Contributions Made This Election (Sum 15B + 18A)			\$ 0.00		
Other Disbursements		A. This Period	B. This Calendar Yr or Election Cycle		
20. Funds Used For Paying Loans This Period Including Credit Card Payments		+ 0.00			
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)		+ 0.00			
22. Any Miscellaneous Disbursement Not Reported Elsewhere		+ 0.00			
23. Total Other Disbursements This Period (Sum 20A + 21A + 22A)		\$ 0.00			
				24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 0.00
				25. Monetary Receipts this Period (From Item 5 - this page)	+ 5,570.00
				26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 2,298.97 b) Disbursements By Cash \$ 0.00	- 2,298.97
				27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 3,271.03
				Indebtedness	
				28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
				29. Loans Received This Period	+ 3,000.00
				30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00
				B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
				31. Payments Made on Loans This Period	- 0.00
				32. Debt Forgiven on Loans This Period	- 0.00
				33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
				34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 3,000.00



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE SULLIVAN FOR MAYOR		2. REPORT DATE 2/21/2013	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: CITY / STATE: View Supplemental Form(s) EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$	<input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 2,749.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 2,749.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 2,549.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 200.00	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 0.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 21.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
C. LOANS RECEIVED		16. DATE RECEIVED	
15. NAME AND ADDRESS OF LENDER		17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)	
NAME: ADDRESS: CITY / STATE:		\$	
NAME: ADDRESS: CITY / STATE:		\$	
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 3,000.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 3,000.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 200.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 2,570.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 5,570.00	



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE SULLIVAN FOR MAYOR	DATE 2/21/2013
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Ken and Linda Green CITY / STATE: 206 Anderson Ave. Columbia MO 65203 EMPLOYER: Book Seller <input type="checkbox"/> COMMITTEE:	1/20/2013 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Catherine Park CITY / STATE: 413 Thilly Columbia MO 65203 EMPLOYER: Moberly College <input type="checkbox"/> COMMITTEE:	1/20/2013 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mary Hussman CITY / STATE: 5306 Rice Road Columbia MO 65202 EMPLOYER: Community Organizer <input type="checkbox"/> COMMITTEE:	1/20/2013 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Joan Sullivan CITY / STATE: 2980 Maple Bluff Dr. Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/22/2013 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ken Midkiff CITY / STATE: 1005 Bellview Ct. Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/6/2013 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeffrey Frey CITY / STATE: 201 W. Broadway Columbia MO 65203 EMPLOYER: Physician <input type="checkbox"/> COMMITTEE:	2/6/2013 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Nancy Harter CITY / STATE: 201 S. Glenwood Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/6/2013 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeremy Root CITY / STATE: 2417 Beachview Dr. Columbia MO 65203 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE:	2/6/2013 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE SULLIVAN FOR MAYOR	DATE 2/21/2013
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: Jan and Ines Segert CITY / STATE: 909 Hickory Hill Dr. Columbia MO 65203 EMPLOYER: Professor -- University of Missouri <input type="checkbox"/> COMMITTEE:	2/6/2013 ----- \$ 75.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael Byrne CITY / STATE: 305 Edgewood Ave. Columbia MO 65203 EMPLOYER: Attorney <input type="checkbox"/> COMMITTEE:	2/6/2013 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Steve Klein CITY / STATE: 2509 Ridgefield Rd. Columbia MO 65203 EMPLOYER: Certified Public Accountant <input type="checkbox"/> COMMITTEE:	2/6/2013 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Sabb CITY / STATE: 1025 Hickory Hills Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/8/2013 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bill and Eleanor Wickersham CITY / STATE: 3632 Augusta Dr. Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/8/2013 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ann Edwards CITY / STATE: 4021 Grace Ellen Dr. Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/13/2013 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Pat Kelley CITY / STATE: 1007 Grand Ave. Columbia MO 65203 EMPLOYER: University of Missouri <input type="checkbox"/> COMMITTEE:	2/13/2013 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mary Lehmann CITY / STATE: 2601 S. Providence Rd. Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/13/2013 ----- \$ 300.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE SULLIVAN FOR MAYOR	DATE 2/21/2013
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Victor Chapman CITY / STATE: 4201 Clark Ln. Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/13/2013 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Judy Kemper CITY / STATE: 3717 Bray Ct. Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/13/2013 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Arthur Nunn CITY / STATE: 5040 Clark Ln. Columbia MO 65202 EMPLOYER: Sams Club <input type="checkbox"/> COMMITTEE:	2/13/2013 ----- \$ 60.00	\$ 60.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Herb and Susan Tillema CITY / STATE: 306 Westridge Dr. Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/13/2013 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Cyrilla Galbreath CITY / STATE: 4609 Royal Heritage Drive Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/13/2013 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Pat Fowler CITY / STATE: 606 N. Sixth St. Columbia MO 65201 EMPLOYER: University of Missouri <input type="checkbox"/> COMMITTEE:	2/14/2013 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: William Claassen CITY / STATE: 1917 E. Walnut Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/14/2013 ----- \$ 64.00	\$ 64.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ken Midkiff CITY / STATE: 1005 Bellview Ct. Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/14/2013 ----- \$ 200.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE SULLIVAN FOR MAYOR	DATE 2/21/2013
---	-------------------

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Deanna Walkenbach CITY / STATE: 407 Pyrenees EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	2/4/2013 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Nina Keenan CITY / STATE: 305 St. Joseph St. EMPLOYER: Columbia MO 65201 Student <input type="checkbox"/> COMMITTEE:	2/9/2013 ----- \$ 150.00	\$ 150.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Carleton Stotts CITY / STATE: 6610 S. Old Village Rd. EMPLOYER: Columbia MO 65203 Retired <input type="checkbox"/> COMMITTEE:	2/11/2013 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Orr Street Studio CITY / STATE: 107 Orr Street EMPLOYER: Columbia MO 65201 <input type="checkbox"/> COMMITTEE:	2/13/2013 ----- \$ 200.00	\$ 200.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
SUPPLEMENTAL LOAN INFORMATION

INSTRUCTIONS ON REVERSE SIDE

CHECK TYPE OF FORM

☒ LOAN RECEIVED

☐ LOAN REPAYMENT

OFFICE USE ONLY

NAME OF COMMITTEE

SULLIVAN FOR MAYOR

REPORT DATE

2/21/2013

I. LOAN RECEIVED (LOAN OF MORE THAN \$100)

1. NAME AND ADDRESS OF LENDER

Joan Sullivan
2980 Maple Bluff Dr.
Columbia MO 65203

2. NAME(S) AND ADDRESS(ES) OF PERSON(S) LIABLE FOR THE LOAN

Sid Sullivan
2980 Maple Bluff Dr.
Columbia MO 65203

3. LOAN I.D. NUMBER (IF ANY)

N/A

4. DATE OF LOAN

1/22/2013

5. AMOUNT OF LOAN

\$ 3,000.00

6. ANNUAL RATE OF INTEREST

N/A

%

7. TIME PERIOD OF LOAN (MONTH, YEARS, ETC.)

None

8. DESCRIBE REPAYMENT SCHEDULE (MONTHLY, SEMI-ANNUALLY, ETC.)

None

II. SCHEDULE OF REPAYMENT (PAYMENT MADE OR CREDIT RECEIVED)

1. DATE OF PAYMENT
OR CREDIT

2. NAME AND ADDRESS OF LENDER

3. AMOUNT OF PAYMENT
OR CREDIT

4. TOTAL PAYMENT OR CREDIT ON LOANS THIS PERIOD (SUM ITEM 3)

\$

5. AMOUNT OF ITEM 4 THAT WAS PAYMENT MADE

\$

6. AMOUNT OF ITEM 4 THAT WAS CREDIT RECEIVED

\$



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 Instructions on Reverse Side

Office Use Only

1. Name of Committee SULLIVAN FOR MAYOR		2. Report Date 2/21/2013	
A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure View Supplemental Form(s)			
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 0.00
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 150.74
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 150.74
B. Itemized Expenditures All Over \$100 And All Payments To Campaign Workers		9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)
8. Name and Address of Recipient			11. Amount This Period
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
12. Subtotal: This Page (Sum Column 11)			\$ 2,148.23
13. Subtotal: Any Attached Pages			+ 0.00
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 2,148.23
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 2,298.97
16. Amount of Line 15 Above which was Paid Out This Period			\$ 2,298.97
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 0.00
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 0.00
C. Contributions Made (Regardless of Amount)		21. Date	22. Amount
20. Name and Address of Candidate or Committee			
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 0.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 0.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 0.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00



NAME OF COMMITTEE SULLIVAN FOR MAYOR		DATE 2/21/2013
EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B)		AMOUNT PAID OR INCURRED THIS PERIOD
CATEGORY OF EXPENDITURE		
Maps		\$ 32.50
Office Supplies		\$ 45.05
Office Supplies		\$ 62.14
Bank Fees (PayPal)		\$ 11.05
		\$
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		\$
TOTAL: ITEMIZED EXPENDITURES THIS PAGE		
(CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)		\$ --



MISSOURI ETHICS COMMISSION
ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY

NAME OF COMMITTEE SULLIVAN FOR MAYOR		REPORT DATE 2/21/2013	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: Witt Print Shop ADDRESS: 214 S. 8th Street CITY/STATE: Columbia MO 65201	1/24/2013	Printed Materials \$	\$ <input checked="" type="checkbox"/> PAID 133.07 <input type="checkbox"/> INCURRED
NAME: Kinko's ADDRESS: 25 S. 6th St. CITY/STATE: Columbia MO 65201	2/4/2013	Copy Services \$	\$ <input checked="" type="checkbox"/> PAID 359.03 <input type="checkbox"/> INCURRED
NAME: PCS Marketing ADDRESS: 2534 Commerce Blvd. CITY/STATE: Cincinnati OH 45241	2/9/2013	Signs \$	\$ <input checked="" type="checkbox"/> PAID 1,327.97 <input type="checkbox"/> INCURRED
NAME: Joan Sullivan ADDRESS: 2980 Maple Bluff Drive CITY/STATE: Columbia MO 65203	2/15/2013	Office Supplies and Campaign Materials \$	\$ <input checked="" type="checkbox"/> PAID 328.16 <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY / STATE:		\$	\$ <input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ --